

SAMPLE FORM – DO NOT SUBMIT THIS FORM – IT IS FOR SAMPLE PURPOSES ONLY. OBTAIN OFFICIAL FORM BY CALLING 317-232-8970.

**Alternative Power & Energy
Grant Application
Indiana Department of Commerce,
Energy Policy Division**

I. Applicant Profile

Organization Name: _____
Address: _____
City: _____ State: _____
County: _____ ZIP Code: _____
Building Address (if different from above): _____
Federal Employer Identification Number: _____
Company Contact: _____ Phone: _____
Title: _____ Fax: _____

Do you own the property involved in this project or lease it from the owner?
(circle one): Lease Own

Give a brief history of the business or organization and describe the products made and/or services provided. (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

II. Project Information

SAMPLE FORM – DO NOT SUBMIT THIS FORM – IT IS FOR SAMPLE PURPOSES ONLY. OBTAIN OFFICIAL FORM BY CALLING 317-232-8970.

A. Describe the project for which funding is being requested. Describe the alternative power or energy system to be installed, where it will be installed, and how your organization will use it. (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

B. Discuss the technical and practical feasibility of this project. For what type of applications is the system designed? Does the manufacturer recommend it for applications such as the one the applicant is proposing? Is the system sized appropriately for this project? Are appropriate fuels and/or energy resources available for operating this system? (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

SAMPLE FORM – DO NOT SUBMIT THIS FORM – IT IS FOR SAMPLE PURPOSES ONLY. OBTAIN OFFICIAL FORM BY CALLING 317-232-8970.

Timeline

What are the target dates by which you expect to complete the following actions:

Order equipment/material: _____

Install equipment/material: _____

Begin paying for equipment/material: _____

(Note: Only costs incurred after a grant award letter- as evidenced by an invoice and proof of payment - are eligible for funding.)

Existing Systems

Does the building or property for which this project is planned currently have a heating, cooling, or power-generation system that performs the same functions as the system proposed in this application?

Yes _____

No _____

If yes, please describe the system, its age, and its general condition, and provide an explanation of the need to replace or upgrade it.

_____ *Check if additional comments are attached for this section.*

SAMPLE FORM – DO NOT SUBMIT THIS FORM – IT IS FOR SAMPLE PURPOSES ONLY. OBTAIN OFFICIAL FORM BY CALLING 317-232-8970.

III. Project Budget Information and Grant Request Worksheet

Enter the projected costs of the proposed project below.

Equipment**	_____
Installation**	_____
Site Preparation	_____
Design	_____
Supplies	_____
Personnel	_____
_____	_____
_____	_____
Total Project Cost*	_____

** Project costs to be entered in this section should include only costs directly associated with the purchase and installation of the alternative power or energy system.*

*** Only equipment and installation costs are eligible for grant funding under this program. However, other costs may be considered as part of the total project costs.*

Attach supporting documentation for all costs listed above. Also, please attach supporting documentation to show that your company can provide matching funds.

Describe the sources of funding listed above. Specify the sources of the applicant's portion (cash, credit, loan, etc.). Describe all other cost-sharing arrangements (project partnerships, other grants, etc.).

_____ Check if additional comments are attached for this section.

Is there a conventionally powered system that is equivalent to the project being proposed in this application?

_____ **Yes (Skip to the next box, below.)**
_____ **No (Continue in this box.)**

If there is no conventionally powered equivalent system to this project, you are eligible for 30% of total project costs, up to \$10,000.

Enter on this line the lowest of the following three amounts: _____

SAMPLE FORM – DO NOT SUBMIT THIS FORM – IT IS FOR SAMPLE PURPOSES ONLY. OBTAIN OFFICIAL FORM BY CALLING 317-232-8970.

- 1) Your total project cost (from the previous page) multiplied by 0.30;
- 2) The total of the project's equipment and installation costs (from the previous page);
- 3) \$10,000.

This is the maximum amount of funding for which this project is eligible.

Complete this box only if there is a conventionally powered equivalent to the proposed project.

Please describe the lowest-cost conventional equivalent to the alternative power and energy system being proposed in this application. Be sure to include the fuel or power source for the system.

What is the projected cost of the conventional equivalent described above?

\$ _____

(This cost should be documented with information such as contractor bids or catalog listings, and should be attached to this application.)

If the cost of the conventional equivalent described above is less than the alternative power and energy system being proposed in this application, skip to the second box at the top of the next page. If not, continue to the next box.

If the cost of the conventional equivalent described above is greater than the alternative power and energy system being proposed in this application, you are eligible for 20% of total project costs or \$10,000, whichever is lower.

Enter on this line the lower of the following three amounts: _____

- 1) Your total project cost (from the page 3) multiplied by 0.20;
- 2) The total of the project's equipment and installation costs (from page 3);
- 3) \$10,000.

This is the maximum amount of funding for which you are eligible.

SAMPLE FORM – DO NOT SUBMIT THIS FORM – IT IS FOR SAMPLE PURPOSES ONLY. OBTAIN OFFICIAL FORM BY CALLING 317-232-8970.

If the cost of the conventional equivalent described above is less than the alternative power and energy system being proposed in this application, you are eligible for either 20% of your total project costs or 80% of the cost difference between the two types of system, up to a maximum of \$10,000.

Enter on this line the higher of the following two amounts: _____

- 1) Your total project cost (from page 3) multiplied by 0.20;
- 2) The difference in costs between conventional and alternative systems, multiplied by 0.80.

Your grant funding eligibility is limited to \$10,000 and/or the total of your equipment and installation costs. If the amount you entered on the line above is greater than either \$10,000 or the total of equipment and installation costs, please enter the lower of these two amounts here; otherwise leave this line blank.

IV. Economic Development

Current number of full-time employees _____
Average hourly wage (including fringe benefits) for current employees _____
Projected number of new employees (if any) to be hired as a result of this project _____
Average hourly wage for new employees to be hired as a result of this project _____
Projected number of employees to be retained (if any) as a result of this project _____

A. Discuss the project's economic benefit to the applicant. Besides helping with the purchase and installation of equipment, will this project result in ongoing benefits (jobs created, cost savings, process efficiencies, etc.)? (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

SAMPLE FORM – DO NOT SUBMIT THIS FORM – IT IS FOR SAMPLE PURPOSES ONLY. OBTAIN OFFICIAL FORM BY CALLING 317-232-8970.

B. Discuss the potential benefits (if any) to other business and industry in Indiana. Is the primary equipment manufacturer or vendor an Indiana company? Will the use of fuels or feedstock benefit an Indiana business? Does this project aid in the development of any specific industries in Indiana? (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

V. Energy Savings

Discuss the energy savings, cost benefits and/or efficiency resulting from this technology in comparison to currently used or other conventional technologies.

_____ *Check if additional comments are attached for this section.*

Estimate of Fossil Fuel Savings

For Electricity Generation Projects

The system will generate power using which of the following:

_____ Photovoltaics _____ Wind _____ Hydro
_____ Biomass _____ Methane Capture

What is the rated peak power output for the system? _____ kilowatts

What do you project to be the average number of kilowatt hours generated per day?
_____ kWh / day

SAMPLE FORM – DO NOT SUBMIT THIS FORM – IT IS FOR SAMPLE PURPOSES ONLY. OBTAIN OFFICIAL FORM BY CALLING 317-232-8970.

For Heating and/or Cooling Projects

Will the proposed system be installed in an existing building or buildings? _____ Yes _____ No

If no, skip to the next box.

If yes, what is the building(s) currently heated by?

____ Electricity ____ Propane ____ Natural Gas
____ Heating Oil _____ Other (specify)

What is the total square footage of the building(s)? _____ ft²

What is the average annual fuel usage for heating the building(s)?

Units of Energy _____ Dollars _____

What is the energy output rating of the system being proposed?

_____ (units) per _____ (time)

For New Building Installations Only

What will be the square footage of the new building(s)? _____ ft²

Is natural gas available at the building site? _____ Yes _____ No

Besides the type of system being proposed in this application, what other type of system would be most economical in the building(s)? _____

Will the proposed alternative power or energy system be used in any application other than electricity generation or space heating? _____ Yes _____ No

If yes, describe, including an estimate of energy consumption.

_____ *Check if additional comments are attached for this section.*

VI. Environmental Effect

Describe the environmental benefits of this project for the State of Indiana. Will the project reduce pollutant emissions? Will it divert materials from landfills?

_____ *Check if additional comments are attached for this section.*

VII. Permit Information

Discuss what federal, state, and local environmental and safety permits or permit modifications will be needed for this project.

_____ *Check if additional comments are attached for this section.*

VIII. Applicant Disclosure

Is the applicant a minority-owned business?

No _____ Yes _____

Please answer the following and explain all “yes” responses on a separate page. (“Yes” responses will not automatically preclude an applicant from consideration.)

1. Is the applicant presently involved in any litigation that would have a material adverse effect on the company’s and/or the principals’ financial condition?

Yes____ No____

2. Has the applicant ever been involved in bankruptcy, creditor’s rights, or receivership proceedings or sought protection from creditors?

Yes____ No____

3. Has the applicant or any principal of the applicant’s organization been convicted of any felony?

Yes____ No____

4. Has the applicant or any principal of the applicant’s organization been under indictment or investigation by a public agency for a violation of a state or federal statute?

Yes____ No____

5. Have legitimate questions/issues been raised by the applicant’s bank, creditors, suppliers, or staff regarding the company’s ability to survive for at least the next five years?

Yes____ No____

_____*Check if additional comments are attached for this section.*

IX: Applicant Affirmations

The Applicant hereby affirms that it is properly registered with the Indiana Secretary of State and is in good standing with the Indiana Department of Revenue. The Applicant also affirms that 1) there are no outstanding enforcement actions against it by the Indiana Department of Environmental Management, 2) all permits have been acquired or are in process with the Indiana Department of Environmental Management and Indiana Department of Natural Resources, and 3) there are no significant workforce issues, such as a pending reduction in the applicant's workforce or pending or threatened workforce action against the Applicant. The below-named signatory(ies) hereby warrant that they are authorized to make such affirmations to the Indiana Department of Commerce.

I attest that, to the best of my knowledge, all information provided in this application and in conjunction with this application is factual.

Authorized Official
(signature)

Project Manager (if applicable)
(signature)

Name (type or print)

Name (type or print)

Title

Title

Date

Date